

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		2				
8		1				
9		1				
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16		1				
17		1				
18		1				
19		1				
20		2				
21		2				
22	1					
23	1					
24	1					
25		3				
26		3				
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31	1					
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36	1					
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48						
49						
50						
TOTAL IND.	14					
TOTAL DEP.						
TOTAL CLAIMS	63					

1	2	3	4	5	6	7
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TOTAL CLAIMS						